

Enhancing Support from Informal Caregivers

Diabetes QUERI

April 2012

Improving Self-Management

Patients with diabetes may have difficulty understanding and integrating information from their clinicians and applying it effectively to their disease self-management. In addition, increased time constraints on providers limit health systems' abilities to provide the support many patients need to manage the day-to-day demands of their self-care. Low-cost, automated telephone technology can enable family and friends, as well as peers who have diabetes, to help patients with self-management activities.

The Peer-to-Peer and CarePartners Programs

Patients typically remember only about half of the information they are given during standard outpatient visits. Patients with complex illnesses such as diabetes, who also have psychosocial problems associated with low incomes, are often the least able to integrate information from their clinicians and apply it effectively to their disease self-management. Moreover, increased time constraints on providers limit health systems' abilities to provide the support many patients need to manage the day-to-day demands of their self-care.

The Diabetes Quality Enhancement Research Initiative (Diabetes-QUERI) is working to extend the reach of diabetes patients' healthcare teams, bringing targeted health monitoring and behavior change support to Veterans and their families between clinical encounters. Effective integration of patients' formal disease management, with informal support from patients' social networks, is one of the key goals. Another goal is to accomplish this integration using communication tools that are low-cost, flexible, and functional without requiring specialized hardware in the home.

How Can Patients Support Each Other?

One promising approach to enhancing self-management support for chronic illness is to increase mutual support among Veterans with diabetes, who are all facing similar health and behavioral challenges. These peers can fill the gaps in traditional care management programs and give patients a perspective that they simply cannot get from their clinical team. Research also suggests that peer-support relationships may improve the self-care and outcomes of those giving support, as much as for those receiving it.

What is the Peer-to-Peer Program?

In order to build on the potential benefits of peer support, Diabetes-QUERI investigators have developed a multifaceted intervention that combines group self-management training with patient-to-patient telephone support facilitated by a specialized telephonic platform. The calling system allows patients to:

- Call their peer-support partner at no additional cost using any touch-tone phone;
- Enter a peer relationship without the need to share their home

phone number or other identifying information; and

- Send and receive both "live" and recorded telephone messages with a care manager when questions or problems from either one of the patients require clinical guidance.

VA clinicians can use the service to extend their reach and can monitor patients' participation using a specially-designed website.

How Can Family and Friends Help?

Veterans' families and friends are often willing to assume a greater role in self-management support and could help to fill the gaps in traditional systems of care. Several prior studies suggest targeted services that enhance the role of informal caregivers can improve patients' self-management and health outcomes. Diabetes-QUERI investigators are developing new services that can provide informal caregivers with more effective education about diabetes patients' needs and advanced tools for patient assessment and assistance with behavior change. The goals of this service are to enable caregivers to:

- Identify emerging problems early, while they can be addressed to prevent serious acute events such as an ER visit or hospitalization;
- Encourage and improve patients' medication use, self-monitoring, and other self-care behaviors; and
- Assist the patient in understanding and following through with self-care plans recommended by their clinicians.

Continued

What is the CarePartners Program?

The CarePartners Program links diabetes and other chronically ill patients with informal caregivers living outside of the home. Patients who use the service receive regular health and behavioral monitoring via automated telephone calls, which also provide targeted feedback on reported problems. The patient's informal caregiver, or CarePartner,

receives reports via e-mail based on the patient's weekly assessments. CarePartners also have access to a comprehensive website with more detailed information about the patient's illness and how they can help. Urgent health problems are reported to the patient's healthcare team via e-mail and fax, and care managers can enroll Veterans and review their status using a specialized website.

How Do I Learn More?

For information about joining the Peer-to-Peer and CarePartners Programs, contact:

Dana Striplin

E-mail: Dana.Striplin@va.gov.

For information about Diabetes QUERI, contact:

Douglas Bentley, M.P.H.

Administrative Coordinator

Tel: (734) 845-3625

E-mail: Douglas.Bentley@va.gov

Web Resources

For more information about the QUERI program in general, and to link to all of the individual QUERI Centers, please go to

www.queri.research.va.gov

The Diabetes QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The research expert and Director for Diabetes-QUERI is **Eve Kerr, M.D., M.P.H.**, and the Clinical Coordinators are **Leonard Pogach, M.D., M.B.A.**, and **Susan Kirsh, M.D.** Other Diabetes-QUERI staff include: **Sarah Krein, Ph.D., R.N.** (Co-Research Coordinator); **Julie Lowery, Ph.D.** (Co-Implementation Research Coordinator); **Laura Damschroder, M.S., M.P.H.** (Co-Implementation Research Coordinator); **Caroline Richardson, M.D.** (Diabetes Prevention Coordinator); and **Douglas Bentley, M.P.H.** (Administrative Coordinator). The Executive Committee includes other experts in the field of diabetes mellitus: Paul Conlin, M.D.; Linda Kinsinger, M.D., M.P.H.; Jonathan Nebeker, M.D., M.S.; David Aron, M.D, M.S.; Gayle Reiber, Ph.D., M.P.H.; Anne Sales, Ph.D., R.N.; Alexander Young, M.D., M.S.H.S.; Joanne Shear, M.S., FNP-BC; William Yancy, M.D.; Michael Goldstein, M.D.; Sharon Watts, DNP, RN-C, CDE; and Mark McConnell, M.D.